Form State of Washington												AGENCY USE ONLY			
A 19-1A								3	AGEN	NCY N	O.	LOCATION CODE	P.R. OR AUTH. NO	).	
(Rev. 5/91)									34	430			05-IAXX	4	
Vendor / Claimant (Warrant is to be payable to )								INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form							
								to claim payment for materials, merchandise or services. Show							
Washington Community College							complete detail for each item.								
999 West Oak Street								Vendor's Certificate. I hereby certify under penalty of perjury that the							
Seattle, WA 99901								items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all							
Scattle, W/V 33301								goods furnished and/or services rendered have been provided without							
Agency Name									discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.						
Higher Education Coordinating Board							5								
2	-			-					BY	(SIG	N IN	INK)		_	
Displaced Homemaker Program PO Box 43430									(SIGN IN INK) Fiscal Officer  6 4/5/2004						
Olympia, WA 98504-3430								(TITLE) (DATE)							
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Co								act Payments to IRS) RECEIVED BY DATE RECE					DATE RECEIVED		
99-12345(7									ĺ						
DATE DESCRIPTION						QUAN	NTITY	UNIT		ICE	AMOUNT	FOR AGENCY US	SE		
		8	1												
01-Jan-03	Personnel											\$5,000.00			
thru	Travel											\$350.00			
31-Mar-03	03 Facilities											\$1,500.00			
Qtr. 3	Supplies / Materials														
	Communications											\$500.00			
Other - Accounting												\$250.00			
	-)														
	Total											\$7,600.00			
PREPARED BY TELEPHONE NUMBER								DATE		AGEN	CY APP	ROVAL	DATE		
DOC. DATE PMT DUE DATE CURRENT DOC. NO. REF. DOC. NO.								VENDOR	NUMBER		VEND	OR MESSAGE			
						WORK CLASS	COUNTY	CITY/TOWN							
DOC TRANS M SUF CODE OF		MASTER INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX	ALLOC	BUDGET UNIT	MOS	PROJECT	SUB PROJ	SUB SUB PROJ	AMOUNT	INVOICE NUMBER		
		, I I J I I I I I I I I I I I I I I I I										AMOUNT			
ACCOUNTING APPROVAL FOR PAYMENT												WARRANT TOTAL	WARRANT NUMBER		